		PART B -	· FEE(S) TRA	NSMITTAL	04-28-05	
Complete and send	this form, together wi	, ipplicable fee	e(s), to: <u>Mail</u> or <u>Fax</u>	Mail Stop ISSU Commissioner for P.O. Box 1450 Alexandria, Virg (703) 746-4000	$)_{ m EE}$	YM
INSTRUCTIONS: This for appropriate. All further co- indicated unless corrected maintenance fee notification	below or directed otherwise	nsmitting the ISSUE Patent, advance orde in Block 1, by (a) s	FEE and PUBLI	CATION FEE (if required of maintenance fees correspondence address	nired). Blocks 1 through 5 s will be mailed to the current ; and/or (b) indicating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for
	CKER DRIVE	any change of address) O \ P	7 2005	ree(s) Transmittal. The papers. Each addition have its own certificat	mailing can only be used fais certificate cannot be used al paper, such as an assignme of mailing or transmission. rtificate of Mailing or Transhis Fee(s) Transmittal is bein with sufficient postage for fining the sufficient postage for fining	for any other accompanying ent or formal drawing, must
•		374 \Z				(Depositor's name)
A5 EC 1504 300	.00 DA .00 DA	TRAI	DEMARIT			(Signature) (Date)
	12/30/2003	FIF	RST NAMED INVEN	ITOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
USER REPORT FOR COM	YSTEM, METHOD, AND C IPLIANCE WITH FDA REC	COMPUTER-READA QUIREMENTS		FOR COLLECTION OF	06335.00007 F ENVIRONMENTAL DAT	9013 A AND GENERATION OF
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	\$1000	04/28/2005
	MINER ON COMME	ART UNIT	C	LASS-SUBCLASS		
·	ROL S W e address or indication of "Fe	2857		702-019000 the patent front page, li		
"Fee Address" indical PTO/SB/47; Rev 03-02 (Number is required.	dence address (or Change of 0 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use	correspondence	or agents OR, alte (2) the name of a registered attorney 2 registered patent listed, no name wi	single firm (having as a or agent) and the name attorneys or agents. If all be printed.	member a 25/14/15/0	R+WITLOFF, LTD
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN OMPLIANCE SOLUTION	EE SOFTWARE VONS CORP.	clow, no assignee dat of this form is NOT a (B) R	ta will appear on to substitute for filing RESIDENCE: (CIT	the patent. If an assign g an assignment. Y and STATE OR COU	•	
a. The following fee(s) are	enclosed:	_	ayment of Fee(s):			
Elssue Fee Publication Fee (No s Advance Order - # of	mall entity discount permitte Copies	d) 🖵	Payment by credi	nount of the fee(s) is en t card. Form PTO-2038 nereby authorized by cl mber		credit any overpayment, to
a. Applicant claims SI	(from status indicated above MALL ENTITY status. See 3	37 CFR 1.27.			LL ENTITY status. See 37 Cl	107 (7
The Director of the USPTO NOTE: The Issue Fee and Penterest as shown by the reco	is requested to apply the Issu ublication Fee (if required) words of the United States Pate	e Fee and Publication rill not be accepted fro nt and Trademark Off	n Fee (if any) or to om anyone other the fice.	re-apply any previously nan the applicant; a regi	y paid issue fee to the applica stered attorney or agent; or the	tion identified above. te assignee or other party in
Authorized Signature	ROBERT H	t. RESIS		Date	4-27-05 No. 32,1	68
n application. Confloendain ubmitting the completed ap nis form and/or suggestions lox 1450, Alexandria, Virgi Alexandria, Virginia 22313-	ty is governed by 35 U.S.C. plication form to the USPTC for reducing this burden, sh nia 22313-1450. DO NOT \$1450.	D. Time will vary depould be sent to the Ch EEND FEES OR COM	4. This collection in pending upon the inhief Information O MPLETED FORM	or retain a benefit by the sestimated to take 12 rendividual case. Any conflicer, U.S. Patent and S TO THIS ADDRESS	he public which is to file (and ninutes to complete, includin mments on the amount of tir Trademark Office, U.S. Depa SEND TO: Commissioner (lisplays a valid OMB control	g gathering, preparing, and ne you require to complete urtment of Commerce, P.O. for Patents, P.O. Box 1450,
TOL-85 (Rev. 12/04) Appr	roved for use through 04/30/2	2007.	OMB 0651-0033	U.S. Patent and Trad	lemark Office; U.S. DEPAR1	MENT OF COMMERCE

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTALP E			Application Number	er	10/747,97	4	_
			Filing Date		December 30, 2003		
FORM \$ 1 2005			First Named Inven	tor	George M		
(APR 2 7 2005 (3)			Art Unit		2857		
(to be used for all correspon	ndence Mer, i	initial filion	Examiner Name		Carol S.W. Tsai		
Total Number of Pages in Th			Attorney Docket N	umber	06335.00007		
		ENCLO	SURES (check all tha	t apply)			
Fee Transmittal Form	·	☐ Drawing(s)		After Allowance Communication to TC		
Fee Attached		Licensing-	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences		
Amendment / Reply		Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After Final			Convert to a al Application		Proprietary Information		
Affidavits/declaration	n(s)		Attorney, Revocation f Correspondence Add	ress	Status Letter		
Extension of Time Requ	est	☐ Terminal Disclaimer		Other Enclosure(s) (please identify below):			
Express Abandonment F	Paguaet	Request for Refund				ue Fee Transmittal eipt Postcard	
	request	CD, Number of CD(s)			Return/Reco	eipt Postcard	
Information Disclosure S	Statement	☐ Landscape Table on CD					
Certified Copy of Priority Document(s)	,	Remarks Via Express Mail EV 363907545 US					
Reply to Missing Parts/		The Commissioner is hereby authorized to charge any deficiencies in payment or credit any overpayment to our Deposit Account 19-0733.					
Incomplete Application							
Reply to Missing Pa							
under 37 CFR1.52 (or 1.53						
	SIGN	ATURE OF A	APPLICANT, ATTOR	RNEY, O	RAGENT		
Firm Banne			anner & Witcoff, LTD.				
Signature		MAN. The					
Printed Name		Robert H. Resis					
Date		April 27, 2005 Reg. No.			32,168		
	TE OF TRANSMISSION/MAILING						
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.							
Signature							
Typed or printed name			,		Date		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANS	V2004. priations Act, 2005 (H.R. 4818)	Complete If Known			
FEE TRANS	SMITTAL	Application Number	10/747,974		
for FY 2		Filing Date	December 30, 2003		
107 1 1 2		First Named Inventor	George M. Levinson		
Applicant claims small entity sta	tus. See 37 CFR 1.27	Examiner Name	Carol S.W. Tsai		
TOTAL AMOUNT OF PAYMENT	(\$) 715.00	Art Unit	2857		
TOTAL AMOUNT OF TATMENT		Attorney Docket No.	006335.00007		

	- 1								
METHOD OF PAYMENT (check all that apply)									
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :									
□ Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD.									
For the above-ide	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fe	e(s) indicate	ed below		☐ Charge f	ee(s) indicate	ed below, except	t for the filing fee		
		fee(s) or underpaym	ents of fee(s)	⊠ Credit ar	ny overpayme	ents			
WARNING: Information on th	CFR 1.16 a is form may		card information	on should not be inc	cluded on this	form. Provide cre	edit card information	and	
authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEA									
	FILING I	-EES <u>Small Entity</u>	SEARCH	Small Entity		ATION FEES Small Entity			
Application Type	Fee (\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fees Paid (\$)		
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FE	ES						Small Entity		
Fee Description						<u>Fee (\$)</u>	<u>Fee (\$)</u>		
Each claim over 20 (inc						50	25		
Each independent clain Multiple dependent clai		cluding Reissues)				200 360	100 180		
Total Claims	Extra C	laims Fee(\$)) Fee	Paid (\$)			Dependent Clain	ns	
20 or HP		x	_ = _	<u> </u>		Fee (\$)			
HP = highest number of	total claims pa	aid for, if greater than 20) .						
Indep. Claims	Extra C	laims Fee(\$)	<u>Fee</u>	Paid (\$)					
3 or HP=	:	х							
HP = highest number of	independent (claims paid for, if greate	r than 3.						
3. APPLICATION SIZE									
If the specification and d		eed 100 sheets of page), the application si					1.50		
		e 35 U.S.C. 41(a)(1)			an entity) for	each additional	1 30		
	Extra Sh			itional 50 or fra	ction there	of Fee (\$)	Fee Paid (\$)		
100 :	=	/ 50 =	_ (round up	to a whole numb	per) x		=		
4. OTHER FEE(S)							Fees Paid (\$)		
		\$130 fee (no small er	• .						
Other (e.g., late t	filing surcha	arge): Utility Issue Fe	e plus 5 copies	at \$3 each = \$15				<u>715.00</u>	
	···								
<i></i>			-						

SUBMITTED BY					
Signature	moll my	Registration No. (Attorney/Agent)	32,168	Telephone	312-463-5000
Name (Print/Type)	Robert H. Resis			Date	April 27, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



CERTIFICATE OF MAILING (PATENT)

Express Mail No. EV 363907545 US

Deposited April 27, 2005

I hereby certify that the attached correspondence, identified below, is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" under 37 CFR 1.10 on the date indicated above and is addressed to the Attn: Commissioner for Patents, Mail Stop Issue Fee, P.O. Box 1450, Alexandria, VA 22313-1450.

By: <u>Rafael Perey</u>

Application of: George M. Levinson et al.

U.S.S.N.:

10/747,974

Filed:

December 30, 2003

Title:

System, Method, and Computer-Readable Medium for Collection of Environmental Data and Generation of User Report for Compliance with

FDA Requirements

Transmittal, (1 page – in duplicate)
Fee Transmittal, (1 page – in duplicate)
Part B – Issue Fee Transmittal (1 page – in duplicate)
Return Receipt Postcard

Attorney Docket No. 06335.00007

BANNER & WITCOFF, LTD. Ten South Wacker Drive Chicago, Illinois 60606 (312) 463-5000